

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280

Independent Bill Review Final Determination Upheld

5/30/2014

██████████
████████████████████
████████████████████

IBR Case Number:	CB13-0000932	Date of Injury:	7/3/2007
Claim Number:	██████████	Application Received:	12/23/2013
Claims Administrator:	██████████		
Date(s) of service:	9/27/2013 – 9/27/2013		
Provider Name:	██████████ MD		
Employee Name:	██████████		
Disputed Codes:	17002		

Dear ██████████ MD:

Determination

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 1/16/2014, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:

The following evidence was used to support the decision:

- The original billing itemization
- Supporting documents submitted with the original billing
- Explanation of Review in response to the original bill
- Request for Second Bill Review and documentation
- Supporting documents submitted with the request for second review
- The final explanation of the second review
- Other: OMFS Physician Services

Supporting Analysis:

The dispute regards the reimbursement amount for surgical procedure code (17002). The Provider billed 24 units of 17002. The Claims Administrator reimbursed the Provider \$74.26 for the billed procedure code 17002 with the explanation "The allowance for this procedure was adjusted in accordance with multiple surgical procedure rules and/or guidelines."

The Provider billed the following surgical procedures for date of service 9/27/2013:

CPT 17000 – Destruction by any method, including laser, with or without surgical curettement, all benign facial lesions or premalignant lesions in any location or benign lesions other than cutaneous vascular proliferative lesions, including local anesthesia; one lesion

CPT 17001 – Destruction by any method, including laser, with or without surgical curettement, all benign facial lesions or premalignant lesions in any location or benign lesions other than cutaneous vascular proliferative lesions, including local anesthesia; second and third lesions, each

CPT 17002 – Destruction by any method, including laser, with or without surgical curettement, all benign facial lesions or premalignant lesions in any location or benign lesions other than cutaneous vascular proliferative lesions, including local anesthesia; over three lesions, each additional lesion

The Provider submitted a Progress Report (PR-2) and a Cryosurgery Operative Report. The Progress Report identified the procedure as "Cryosurgery", location as face, upper extremities and ears and the number as "27." The Cryosurgery Operative Report did not specifically identify by reference or diagram the anatomical sites for the 24 cryosurgery procedures (17002). Per a review of the explanation of review (EOR), the services were reimbursed based on a PPO contract. It appears the Claims Administrator reimbursed the Provider for 6 units of 17002 (\$74.26). Based on the documentation, additional reimbursement for the billed procedure code 17002 is not recommended.

There is no additional reimbursement warranted per the Official Medical Fee Schedule Code 17002.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
17002	6	\$1,005.74	\$74.26	\$74.26	\$0.00	PPO Contract

Chief Coding Specialist Decision Rationale:

This decision was based on OMFS Physician Services, Surgery Guidelines and Ground Rules and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of \$74.26 is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,

[REDACTED] RHIT

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]